

Exhibit 7



Child and Family Services Reviews



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





Welcome to the Mississippi Child and Family Services Review Exit Conference



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





The CFSRs:

- ☐ Are a collaborative effort between Federal and State Governments
- ☐ Promote continuous quality improvement in child welfare systems nationally
- ☐ Evaluate State performance relative to the State Child and Family Services Plan
- ☐ Identify both the strengths and areas needing improvement in State child welfare programs



The CFSRs include:

- ☐ State data from AFCARS and NCANDS
- ☐ Statewide Assessment
- ☐ Case-level onsite reviews conducted by a team of Federal and State reviewers
- ☐ Interviews with key State and local stakeholders



The CFSRs are designed to examine State programs from two perspectives.

- ☐ First, the reviews assess the outcomes of services provided to children and families.
- ☐ Second, they examine systemic factors that affect the ability of State agencies to help children and families achieve positive outcomes.

The CFSRs analyze strengths and areas needing improvement with respect to seven outcomes and seven systemic factors.



The *outcomes*, which comprise safety, permanency, and well-being, include:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.



Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.



The *systemic factors* include:

- ☐ Statewide Information System
- ☐ Case Review System
- ☐ Quality Assurance System
- ☐ Staff and Provider Training
- ☐ Service Array
- ☐ Agency Responsiveness to the Community
- ☐ Foster and Adoptive Parent Licensing,
Recruitment, and Retention



- ☐ **Absence of Maltreatment Recurrence**
- ☐ **Absence of Maltreatment in Foster Care**
- ☐ **Timeliness and Permanency of Reunification**
- ☐ **Timeliness of Adoption**
- ☐ **Permanency for Children in Care for Long Periods of Time**
- ☐ **Placement Stability**



- ☐ The first CFSR in Mississippi was conducted in 2004.
- ☐ As a result, the State entered into a PIP to make improvements in seven (7) outcomes and four (4) systemic factors.
- ☐ The State was successful in completing Program Improvement Plan activities and reaching goals and was released from its Program Improvement Plan on March 31, 2008.



In the current CFSR, we reviewed 64 cases, including:

- ☐ 24 in-home services cases
- ☐ 40 foster care cases

We reviewed cases and spoke to community stakeholders in three locations in the State, including:

- ☐ Hinds County
- ☐ DeSoto County
- ☐ Lauderdale County



- ☐ **Absence of Maltreatment Recurrence**
- ☐ **Absence of Maltreatment in Foster Care**
- ☐ **Timeliness and Permanency of Reunification**
- ☐ **Timeliness of Adoption**
- ☐ **Permanency for Children in Care for Long Periods of Time**
- ☐ **Placement Stability**



■ Absence of Maltreatment Recurrence

Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation during a 6-month period?

National Standard = 94.6%

Mississippi = 95.4%





■ **Absence of Maltreatment in Foster Care**

Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by a foster parent or facility staff member?

National Standard = 99.68%

Mississippi = 98.28%



☐ Reunification - Timeliness and Permanency

National Standard = 122.6

Mississippi = 127.4



☐ Adoption Timeliness

National Standard = 106.4

Mississippi = 112.5





☐ Permanency for Children in Care for Long Periods of Time

National Standard = 121.7

Mississippi = 125.9



☐ Placement Stability

National Standard = 101.5

Mississippi = 86.9



- Establishing & Re-Establishing Strong Partnerships
- Statewide Practice Model Implementation
- Commitment to Building a Comprehensive and Statewide Continuous Quality Improvement System
- Staff Training



Establishing & Re-Establishing Strong Partnerships

- Many stakeholders reported that the DFCS leadership has made concerted efforts in recent years to promote key partnerships and coordinate joint efforts towards the achievement of child safety, permanency, and well being outcomes.
- “New and Improved” DFCS

Statewide Practice Model Implementation

- Specific areas of the State have been targeted to begin the well-planned implementation of a new Practice Model that aims to infuse family-centered practice principles across all stages of the service delivery continuum.
- Central to the Practice Model implementation effort - is to promote a culture of family-centered practice within DFCS and continuous quality improvement.



Commitment to Building a Comprehensive and Statewide Continuous Quality Improvement System

- Significant resources have been invested by the State towards the development of a comprehensive and statewide CQI system.
- Specific areas of the State have been targeted for the well-planned implementation of a CQI system.
- Key leadership embrace a strong commitment to the implementation of a comprehensive CQI system that is firmly grounded in promoting the achievement of child safety, child permanency and child & family well being for children & families in MS.



Staff Training

- The State has made significant progress and has been successful in developing a comprehensive and competency-based training system that is operating throughout State.
- The staff training system is well-suited and has the capacity to support the implementation of the Practice Model.



State Leadership is Grounded in Understanding the Challenges and Engaged in Action Towards Achieving Positive Outcomes for Children and Families Throughout the State.

General sense of “we are getting better – but not where we want to be.”

“We need to focus on quality casework practice – and positive outcomes for children and families will follow.”



Preliminary Findings: Outcomes



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





The terms “strengths” and “concerns” at this preliminary stage do not necessarily equate to substantial conformity or nonconformity with an outcome or systemic factor. Final determinations are made at a later point in the process.



Safety Outcomes

Strengths:

- Reports of child abuse and neglect were initiated in a timely manner.

Face to face contact with child(ren) subject to the report were made in a timely manner.

- In a number of cases – MS exceeded its investigation standards for initiation and face-to face contact with children.



Safety Outcomes

Strengths:

- Initial and ongoing informal and formal risk and safety assessments were completed in a number of cases reviewed.
- Good use of appropriate and timely services to address the safety issues in families (targeted in-home and wrap-around services) .



Safety Outcomes

Concerns:

- Risk and safety assessments focused on one children in the home – and not all the children or the family system issues that impact child safety.
- Risk and safety assessments were not consistently conducted initially or throughout the life of the case.
- Risk and safety assessments were not consistently comprehensive.
- Number of cases that were open for significant periods of time with no risk and safety assessments – or contact with children.



Safety Outcomes

Concerns:

- Services to prevent removal of children – or support reunification were not consistently provided in the cases reviewed.
- Lack of engagement of family members to accurately assess child risk and safety issues.
- Lack of coordination of COR/COS workers to address assessment and service needs of family to address child safety.
- Lack of follow-up on services needed to address child safety issues.



Permanency Outcomes

Strengths:

- Few foster care re-entries and children were placed in proximity to parents when possible.
- Relative search activities was evident and appropriate placement with relatives occurred in a number of cases.
- In some cases – relative placements contributed to placement stability for children.
- In some cases – timely and appropriate services provided to parents contributed to timely achievement of permanency for children (in-home and family preservation services).



Permanency Outcomes

Strengths:

- In therapeutic placements – we did see diligent efforts to ensure the placement met the needs of children.
- Resource parents actively contributed to helping the parents address issues to facilitate timely permanency for children.
- Very good IL services to address needs of youth.
- In a few cases we did see appropriate concurrent permanency planning.



Permanency Outcomes

Strengths:

- Concerted efforts were made to ensure sibling groups were placed together when possible.
- In a number of cases foster children were visiting with relatives and friends to promote important family and community connections for the child.
- Quality parent-child and sibling visits were evident in some of the cases we reviewed.



Permanency Outcomes

Concerns:

- Limited number of resource homes contributed to placement instability for children.
- Children were not always placed in resource homes that could meet the child's needs.
- Lack of services to address needs of children contributed to placement instability.
- Permanency goals for children were not always timely or appropriate – which delayed the achievement of permanency.



Permanency Outcomes

Concerns:

- In some cases concurrent permanency goals were established but not worked concurrently.
- Waiting for the court to approve changes in permanency goals delayed the achievement of permanency for children.
- In a number of cases there appeared to be uncertainty or confusion about what the permanency goal was for a child.
- In a number of cases – the lack of providing needed services for parents – or monitoring case plan progress delayed permanency.



Permanency Outcomes

Concerns:

- Delays in achieving adoption permanency goal –
 - Delays in completing TRP packet
 - Incomplete TPR packets being sent back to DFCS from AG's office
 - Court must approve whether a TPR is filed.
- Courts appear to drive case planning process – which was determined to delay permanency for children in a number of cases₃₃



Permanency Outcomes

Concerns:

- When concurrent permanency goals were evident in cases – concurrent permanency planning casework practice was not always evident.
- DFCS did not consistently address barriers to parent-child and sibling visits (e.g., transportation barriers).
- A number of caseworkers did not appear to understand the importance of ensuring sibling contact and visitation.
- Many fathers were not engaged by the DFCS – and as a result - parent-child visits did not occur.



Permanency Outcomes

Concerns:

- In a number of cases – there was substantive confusion between the COR/COS caseworkers in coordinating parent-child visits and service provision, in general.
- Incarcerated parents were not contacted to promote the parent-child relationship, when appropriate.
- General lack of engaging parents in parent-child visits and encouraging activities aimed at promoting the parent-child relationship.



Well Being Outcomes

Strengths:

- Reviewers did see good quality assessments and service provision to children and parents in a number of cases.
- While not routine – FTMs were evident in some cases to address and promote individualized family needs in foster care and in-home cases.
- In a number of cases high-quality visits were occurring between the caseworker and child.
- In a number of cases high-quality visits were occurring between the caseworker and child.



Well Being Outcomes

Strengths:

- In a number of cases – educational needs were effectively addressed. E.g., provision of tutoring, GED classes.
- Appropriate IEPs were evident in a number of cases.
- Good coordination between providers to meet the medical/dental and mental health needs of children.
- Addressing the medical/dental and mental health needs of children was more evident in foster care cases compared to in-home cases.



Well Being Outcomes

Concerns:

- Overall sense that caseworkers are not engaging parents and children in case planning process and during caseworker visits to understand and address the needs of children and parents – both foster care and in-home cases.
- Our team had particular concerns about the quality of caseworker visits with children in in-home cases.
- Theme of lack of coordination between COR/COS caseworkers was evident – and resulted in not achieving well-being outcomes for children and parents.



Well Being Outcomes

Concerns:

- Many “no contact” court orders were evident in cases under review. When such orders were evident – there was a significant lack of contact between the caseworker and the family members.

We do not believe that the “no contact” orders (e.g., between a child and one parent) should necessarily result in the agency not contacting the parent subject to the “no contact” order.

- In a number of cases one parent was regularly contacted – but not the other parent of the child.



Well Being Outcomes

Concerns:

- In a number of cases – the assessments of needs for parents were not comprehensive.
- In a number of cases – the assessed needs of children were not addressed (e.g., the need for sexual abuse and mental health treatment.
- The lack of follow-up to ensure children received needed services was a particular concern in in-home cases – but was an issue in foster care cases, as well.
- In some cases, the team was concerned about the quality of mental health services for children.



Preliminary Findings: Systemic Factors



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





☐ **Statewide Information System**

- MACWIS has the capacity to identify the demographics, permanency goal, and legal status of children in foster care.
- Staff report the location of children in foster care is not always readily available in MACWIS because of substantive delays in entering placement changes in the statewide information system.



☐ Case Review System

- Foster care reviews are generally conducted in a timely manner.
- Timely permanency hearings do not occur consistently in some areas of the State.
- TPR petitions are not filed timely.
- Foster parents are notified of foster care reviews – but not permanency hearings.
- Foster parents are not provided an opportunity to participate in court hearings.



☐ Quality Assurance System

- MACWIS and Foster Care Review reports are generally used by management to capture “snapshots” of performance.
- Well-developed plans for the implementation of a comprehensive statewide CQI exist to markedly improve the current status of the QA system in the State.
- Available data are not routinely used to inform the development and monitoring of county-specific program improvement plans.



☐ **Staff and Provider Training**

- The State has been successful in developing and implementing a comprehensive competency-based training system to address initial and ongoing training needs of staff.
- Training is viewed as effective by Staff in preparation of job responsibilities
- Much progress has been made in developing the capacity to ensure all staff meet ongoing training requirements.
- Tracking and monitoring of staff training hours was recently initiated
- Both initial and ongoing Foster/Adoptive training is effective in preparing/supporting resource parents



☐ Service Array

- Broad array of services exists
- Barriers/Availability Issues:
 - Transportation
 - Mental Health
 - Rural vs. Metro
 - Wait Lists
 - Fee for Service
 - Interpreter Services
- Lack of consistency in individualizing services to meet the needs of children and families



- ☐ **Agency Responsiveness to the Community**
 - Renewed willingness by current DCFS leadership to engage community partners



☐ **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

- Licensing standards exist
- Licensing standards applied unevenly across the state
- Implementation of Live Scan to expedite criminal background checks
- Formalized diligent recruitment plans for resource families do not exist
- Cross-jurisdictional resources are effectively utilized



Next Steps



The Final Report for Mississippi will be issued after the onsite review; the report will have final determinations of substantial conformity.

- ☐ Children's Bureau Regional Office provides a courtesy copy in advance to the State to review for accuracy.
- ☐ State requests technical assistance from National Resource Centers (NRCs) as needed.



- ☐ State begins/continues work on the PIP, including stakeholders in the process.
- ☐ State plans with the Regional Office for training on PIP development through the NRC for Organizational Improvement.
- ☐ Final PIP is due to the Regional Office 90 days from receipt of the courtesy copy of the Final Report. Due dates for drafts are negotiated.



Important: The State need not wait for the Final Report to begin developing the PIP!



The Children's Bureau offers Training and Technical Assistance (T/TA) through:

- ☐ TA for State Legislators through JBS International, Inc., and the National Conference of State Legislatures
- ☐ The Children's Bureau-funded NRCs
- ☐ The Child Welfare Information Gateway (www.childwelfare.gov) for information and resources



- ☐ If required, State begins/continues work on the PIP, including stakeholders in the process.
- ☐ State plans with the Regional Office for training on PIP development through the NRC for Organizational Improvement.
- ☐ Final PIP is due to the Regional Office 90 days from receipt of the courtesy copy of the Final Report. Due dates for drafts are negotiated.



NRC for Organizational Improvement

NRC for Child Protective Services

NRC on Legal and Judicial Issues

NRC for Family-Centered Practice and Permanency Planning

NRC for Community Based Child Abuse Prevention Programs

NRC for Child Welfare Data and Technology

NRC for Adoption

NRC for Youth Development

NRC for Abandoned Infants Assistance Resource Center

The Collaboration to AdoptUSKids

NRC on Substance Abuse and Child Welfare



THANK YOU!



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

